

CLAIMS ONLY							Application Number 10632050	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51			
2		I					52			
3		I					53			
4		I					54			
5							55			
6		I					56			
7							57			
8		I					58			
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12		I					62			
13	I						63			
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16	I						66			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	18						Total Depend			
Total Claims	22						Total Claims			